UNITED STAT SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D.

OMB APPROVAL

OMB Number: 3235-0076

SEC USE ONLY

Serial

Expires: April 30, 2008 Estimated average burden hours per response 16.00

1	UNIFORM LIMI	TED OFFER	\	PTION		
Name of Offering	(□ check if this is an a	mendment and	name has change	d, and indicate cha	inge.)	0502
Units of Limited Pa	rtnership Interest					5059357
Filing Under (Check	box(es) that apply):	☐ Rule 504	☐ Rule 505	□ Rule 506	☐ Section 4(6)	D ULL
Type of Filing:	New Filing	☐ Amen	dment		, ,	
		A. BASIC	IDENTIFICATI	ON DATA		
1. Enter the informa	tion requested about th	ne issuer				
Name of Issuer (DC	heck if this is an amer	dment and nam	e has changed, a	nd indicate change	.)	
Hephaestion. L.P.				•	-	

Address of Executive Offices c/o M&C Corporate Services Li	Telephone Number (Including Area Code) (345) 949 8066				
Street, George Town, Grand Cay	man, Cayman Islands		/		
Address of Principal Business Ope (if different from Executive Office	rations (Number and Street, City, State, Zip Code) s)	Telephone Nur	nber (Including Area Code)		
Brief Description of Business	Investments in Indian real estate and related a	ssets	V SEP 2 s 200		
Type of Business Organization	☑ limited partnership, already formed		other (please specify)		

☐ business trust	☐ limited partnership, to be for	ormed
		Mon
Actual or Estimated Date of Incorpora	tion or Organization:	08

onth Year 08 11 5

□ Estimated

Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State; CN for Canada; FN for other foreign jurisdiction)

N

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

> Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

A.	BASI	C	IDI	TNS	IF	ICA3	FION	DATA

2. Enter the information requested for the following:

- Each promoter of the issuer, if the issuer has been organized within the past five years;
- Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
- · Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and

• Each general and managing partner of partnership issuers.
Check Box(es) that Apply: ☒ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☒ General and/or Managing Partner
Full Name (Last Name first, if individual)
Xander Real Estate Partners LLC Business or Residence Address (Number and Street, City, State, Zip Code)
c/o M&C Corporate Services Limited, Box 309GT, Ugland House, South Church Street, George Town, Grand Cayman,
Cayman Islands
Check Box(es) that Apply: ☒ Promoter ☐ Beneficial Owner ☐ Executive Officer ☒ Director ☐ General and/or Managing Partner
Full Name (Last name first, if individual)
Siddhartha Yog
Business or Residence Address (Number and Street, City, State, Zip Code)
c/o M&C Corporate Services Limited, Box 309GT, Ugland House, South Church Street, George Town, Grand Cayman,
Cayman Islands
Check Box(es) that Apply: ☐ Promoter ☒ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner
Full Name (Last Name first, if individual)
Baupost Private Investments A-2, L.L.C.
Business or Residence Address (Number and Street, City, State, Zip Code)
c/o The Baupost Group, L.L.C., 10 St. James Avenue, Suite 2000, Boston, MA 02116
Check Box(es) that Apply: ☐ Promoter ☒ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner
Full Name (Last Name first, if individual)
Baupost Private Investments C-2, L.L.C.
Business or Residence Address (Number and Street, City, State, Zip Code)
c/o The Baupost Group, L.L.C., 10 St. James Avenue, Suite 2000, Boston, MA 02116
Check Box(es) that Apply: ☐ Promoter ☒ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner
Full Name (Last Name first, if individual)
The Cheyne Walk Trust
Business or Residence Address (Number and Street, City, State, Zip Code)
1325 Airmotive Way, Suite 262, Reno, NV 89502
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner
Full Name (Last Name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)
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(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

^{*} Beneficial ownership is reported as of the date of this filing. The offering is continuing.

					B. IN	FORMAT	TION ABO	OUT OF	FERING					
													Yes	No
1.	Has the is	suer sold,	or does th	e issuer ir	itend to se	ll, to non-a	ccredited	investors	in this off	ering?				X
_	****					dix, Colun		-					•	
2.	What is the minimum investment that will be accepted from any individual?										••••••	\$	N/A	
3.	Does the	offering þ	ermit join	ownershi	p of a sing	gle unit?	•••••	***************************************	••••••		••••••		Yes ⊠	No
4.	offering. with a sta persons o	on or sim If a person te or state f such a bi	nilar remu n to be list s, list the roker or de	neration feed is an as name of the	or solicita ssociated p he broker	who has bation of purerson or a or dealer.	urchasers gent of a b If more th	in conne proker or nan five (ction with dealer regi 5) persons	sales of stered wit to be list	securities th the SEC	in the and/or	NO	ONE
Full N	ame (Last	name first	, if indivic	lual)										
Busine	ess or Resid	dence Add	ress (Nun	ber and S	treet, City	, State, Zip	Code)							
Name	of Associa	ted Broke	r or Deale	r										
States	in Which I	Person Lis	ted Has Se	olicited or	Intends to	Solicit Pu	rchasers	<u>_</u> _						
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[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]		
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Full N	ame (Last i	name first	, if individ	ual)										
Busine	ess or Resid	lence Add	ress (Num	ber and S	treet, City	State, Zip	Code)							
Name	of Associa	ted Broke	r or Dealer											
States	in Which F	erson Lis	ted Has So	licited or	Intends to	Solicit Pu	rchasers	· · · · ·						
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[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]		

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero". If the transaction is an exchange offering, check this

box \square and indicate in the columns below the amounts of the securities offered for exchange an already exchanged.	d	
Type of Security	Aggregate Offering Price	Amount Already Sold
	s <u>0</u>	s 0
	s 0	s 0
Equity Preferred	<u> </u>	<u> </u>
Convertible Securities (including warrants)	\$ <u>0</u>	\$0
Partnership Interests	\$ 120,000,000	\$ 59,748,000
Other (Specify)	\$	\$
Total	\$ 120,000,000	\$ 59,748,000
Total		53,7 10,1000
2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	e r Number of	Aggregate Dollar Amount of
	Investors	Purchases
Accredited Investors	9	\$59,748,000
Non-Accredited Investors	0	\$ <u> </u>
Total (for filings under Rule 504 only)	9	\$59,748,000
3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C Question 1.	NOT APF	PLICABLE Dollar Amount
Type of Offering	Type of Security	Sold
Rule 505		\$
Regulation A		\$
Rule 504		s
Total		\$
4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.	•	
Transfer Agent's Fees Printing and Engraving Costs Legal Fees		30,000 330,000 6 330,000 6 61,000
Accounting Fees Engineering Fees		01,000
Sales commission (specify finders' fees separately)		
Other Expenses (identify)Blue Sky Filing Fees and travel	× ·	62,500
Total	ात्रा 🧐	483,500

) .	Enter the difference between the aggregat and total expenses furnished in response t gross proceeds to the issuer."	o Part C —	Question 4.a. This d	ifference is th	e "adjust	ed	ę.	110 5	16,500
	Indicate below the amount of the adjuste each of the purposes shown. If the amou the box to the left of the estimate. The proceeds to the issuer set forth in response	d gross proc nt for any pu e total of th	eeds to the issuer u irpose is not known e payments listed	sed or propos furnish an es must equal th	ed to be stimate ar	used for nd check	·· •	<u> </u>	<u> </u>
						Payments to Officers, Directo & Affiliates			Payments t Others
	Salaries and fees	***************************************	•••••	•••••••	🗆	\$		\$ _	
	Purchase of real estate	***************************************	••••••	•••••	. 🗆	\$	_ 🗆	\$ _	
	Purchase, rental or leasing and installation	n of machine	ry and equipment	•••••	. 🗆	\$		\$_	
	Construction or leasing of plant buildings	and facilitie	s	***************************************	. 🗆	\$	_ 🗆	\$_	
	Acquisition of other business (including this offering that may be used in excha another issuer pursuant to a merger)	nge for the	assets or securities	of	. 🗆	\$		\$ _	
	Repayment of indebtedness	•••••		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	. 0	\$		\$ _	· · · · · · · · · · · · · · · · · · ·
	Working capital	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			. 🗆	\$	_ 🗆	s _	
	Other (specify):Investment in affiliated	master fund			. 🗵	\$ <u>119,516,50</u>	<u>o</u> 🗆	\$_	
	Column Totals		•••••		. 🗵	\$ 119,516,50	<u>0</u> 🗆	s _	
	Total Payments Listed (column totals add	ed)				図 \$	119,516	<u>,500</u>	
		n r	EDERAL SIGNATI	W.					
<u> </u>					- 	······································	 -		
3	The issuer has duly caused this notice to be signature constitutes an undertaking by the issurtormation furnished by the issuer to any non-	ier to furnish	to the U.S. Securities	and Exchange	Commiss	inn unon weitten er	ile 505, the quest of	ie folk its stat	owing . If, the
_	Issuer (Print or Type)	·		B, 44 (4)(2) 0.		··			
ŀ	Hephaestion, L.P.	Signature		}	Date				
L			1			Septemb	er 15, 20	05	
ı	Name of Signer (Print or Type)]	er (Print or Type)	1	-				
1	Siddhartha Yog	Sole Direc	tor of Xander Rea	l Estate Part	ners LL	C, the General P	artner		1

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

ATTENTION Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

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